



# FEE TRANSMITTAL for FY 2007

Effective 2/8/2006. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1810.00

**Complete if Known**

|                      |                     |
|----------------------|---------------------|
| Application Number   | 10/810,635          |
| Filing Date          | March 29, 2004      |
| First Named Inventor | Jang Hui CHO et al. |
| Examiner Name        | Helen Shibru        |
| Art Unit             | 2621                |
| Attorney Docket No.  | 1740-000012/US/COA  |

| METHOD OF PAYMENT (check all that apply)   |              |                 |          | FEE CALCULATION (continued)  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
|--|--------------|-----------------|----------|--|--------------|-----------------|----------|----------|----------|-----------------|----------|------------------------|----------|------|-----|--------------------|-----|-------------------------------------|-----|------|-----|-------------------|-----|--|-----|------|-----|------------------|-----|--|-----|------|-------|--------------------|-------|--|-----|--------------|------|-------------------------|------|--|-----|------|--------|------------------------|--------|---|-----|------|-----|-----------------------|----|--|-----|------|-----|-------------------------|-----|---|--|------|------|-------------------|-----|--|------|------|-------|------|-----|---|--|------|-------|------|------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|------|------|-----|--------------------------|--|------|-----|------|-----|----------------------------------|--|------|------|------|-----|------------------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|-----------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|-----|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|----------------------|--|--|--|--|--|--|--|----------|----------|----------|----------|-----------------|----------|------|-----|------|-----|--------------------|--|------|-----|------|----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|-----|-------------------------|--|------|-----|------|----|------------------------|--|------|-----|------|----|-----------------------|--|------|-----|------|-----|-------------------------|--|--|--|--|--|-------------------|--|---|--|--|--|--------------|--------------|-----------------|----------|------|-----|------|-----|--------------------|--|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|-----|------------------------|--|--------------|--|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--------------|-----------------|----------|------|----|------|----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|--------------|--|--|------|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br>Order  |              |                 |          | <b>3. ADDITIONAL FEES</b><br>Large Entity   Small Entity   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br><br>Deposit Account Number: 08-0750<br><br>Deposit Account Name: Harness, Dickey & Pierce, PLC   |              |                 |          | <table border="1" style="width:100%"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td>1020</td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1500</td> <td>2453</td> <td>750</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1462</td> <td>400</td> <td>1462</td> <td>400</td> <td>Petition fee under 37 CFR 1.17(f)</td> <td></td> </tr> <tr> <td>1463</td> <td>200</td> <td>1463</td> <td>200</td> <td>Petition fee under 37 CFR 1.17(g)</td> <td></td> </tr> <tr> <td>1464</td> <td>130</td> <td>1464</td> <td>130</td> <td>Petition fee under 37 CFR 1.17(h)</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>790</td> <td>2809</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination (RCE)</td> <td>790</td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$1810</td> </tr> <tr> <td colspan="4"> <b>2. 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EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 30 -30 ** = 0 X Fee from below = 0<br>Independent Claims: 6 -6 ** = 0 X Fee from below = 0<br>Multiple Dependent Claims: _____ = 0 |  |  |  |  |  | <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td>(\$0</td> </tr> </tbody> </table> |  |  |  | Large Entity | Small Entity | Fee Description | Fee Paid | 1202 | 50 | 2202 | 25 | Claims in excess of 20 |  | 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 |  | 1203 | 360 | 2203 | 180 | Multiple dependent claim, if not paid |  | 1204 | 200 | 2204 | 100 | ** Reissue independent claims over original patent |  | 1205 | 50 | 2205 | 25 | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |  |  | (\$0 |  |  |
| Fee Code   | Fee (\$)     | Fee Code        | Fee (\$) | Fee Description  | Fee Paid     |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1051   | 130          | 2051            | 65       | Surcharge - late filing fee or oath  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1052   | 50           | 2052            | 25       | Surcharge - late provisional filing fee or cover sheet   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1053   | 130          | 1053            | 130      | Non-English specification  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1812   | 2,520        | 1812            | 2,520    | For filing a request for reexamination   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1804   | 920*         | 1804            | 920*     | Requesting publication of SIR prior to Examiner action   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1805   | 1,840*       | 1805            | 1,840*   | Requesting publication of SIR after Examiner action  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1251   | 120          | 2251            | 60       | Extension for reply within first month   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1252   | 450          | 2252            | 225      | Extension for reply within second month  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1253   | 1020         | 2253            | 510      | Extension for reply within third month   | 1020         |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1254   | 1,590        | 2254            | 795      | Extension for reply within fourth month  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1255   | 2,160        | 2255            | 1080     | Extension for reply within fifth month   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1401   | 500          | 2401            | 250      | Notice of Appeal   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1402   | 500          | 2402            | 250      | Filing a brief in support of an appeal   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1403   | 1000         | 2403            | 500      | Request for oral hearing   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1452   | 500          | 2452            | 250      | Petition to revive - unavoidable   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1453   | 1500         | 2453            | 750      | Petition to revive - unintentional   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1462   | 400          | 1462            | 400      | Petition fee under 37 CFR 1.17(f)  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1463   | 200          | 1463            | 200      | Petition fee under 37 CFR 1.17(g)  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1464   | 130          | 1464            | 130      | Petition fee under 37 CFR 1.17(h)  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1807   | 50           | 1807            | 50       | Processing fee under 37 CFR 1.17 (q)   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1806   | 180          | 1806            | 180      | Submission of Information Disclosure Stmt  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 8021   | 40           | 8021            | 40       | Recording each patent assignment per property (times number of properties)   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1809   | 790          | 2809            | 395      | Filing a submission after final rejection (37 CFR § 1.129(a))  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1810   | 790          | 2810            | 395      | For each additional invention to be examined (37 CFR § 1.129(b))   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1801   | 790          | 2801            | 395      | Request for Continued Examination (RCE)  | 790          |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| Other fee (specify) _____  |              |                 |          |  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| *Reduced by Basic Filing Fee Paid  |              |                 |          | SUBTOTAL (3) (\$1810   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 30 -30 ** = 0 X Fee from below = 0<br>Independent Claims: 6 -6 ** = 0 X Fee from below = 0<br>Multiple Dependent Claims: _____ = 0   |              |                 |          | <b>4. SEARCH/EXAMINATION FEES</b><br><table border="1" style="width:100%"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1111</td> <td>500</td> <td>2111</td> <td>250</td> <td>Utility Search Fee</td> <td></td> </tr> <tr> <td>1112</td> <td>100</td> <td>2112</td> <td>50</td> <td>Design Search Fee</td> <td></td> </tr> <tr> <td>1113</td> <td>300</td> <td>2113</td> <td>150</td> <td>Plant Search Fee</td> <td></td> </tr> <tr> <td>1114</td> <td>500</td> <td>2114</td> <td>250</td> <td>Reissue Search Fee</td> <td></td> </tr> <tr> <td>1311</td> <td>200</td> <td>2311</td> <td>100</td> <td>Utility Examination Fee</td> <td></td> </tr> <tr> <td>1312</td> <td>130</td> <td>2312</td> <td>65</td> <td>Design Examination Fee</td> <td></td> </tr> <tr> <td>1313</td> <td>160</td> <td>2313</td> <td>80</td> <td>Plant Examination Fee</td> <td></td> </tr> <tr> <td>1314</td> <td>600</td> <td>2314</td> <td>300</td> <td>Reissue Examination Fee</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL (4) (\$0</td> </tr> </tbody> </table>   |              | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1111                   | 500      | 2111 | 250 | Utility Search Fee |     | 1112                                | 100 | 2112 | 50  | Design Search Fee |     | 1113   | 300 | 2113 | 150 | Plant Search Fee |     | 1114   | 500 | 2114 | 250   | Reissue Search Fee |       | 1311   | 200 | 2311         | 100  | Utility Examination Fee |      | 1312   | 130 | 2312 | 65     | Design Examination Fee |        | 1313  | 160 | 2313 | 80  | Plant Examination Fee |    | 1314                                   | 600 | 2314 | 300 | Reissue Examination Fee |     |   |  |      |      | SUBTOTAL (4) (\$0 |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| Fee Code   | Fee (\$)     | Fee Code        | Fee (\$) | Fee Description  | Fee Paid     |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1111   | 500          | 2111            | 250      | Utility Search Fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1112   | 100          | 2112            | 50       | Design Search Fee  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1113   | 300          | 2113            | 150      | Plant Search Fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1114   | 500          | 2114            | 250      | Reissue Search Fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1311   | 200          | 2311            | 100      | Utility Examination Fee  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1312   | 130          | 2312            | 65       | Design Examination Fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1313   | 160          | 2313            | 80       | Plant Examination Fee  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1314   | 600          | 2314            | 300      | Reissue Examination Fee  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
|  |              |                 |          | SUBTOTAL (4) (\$0  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1011</td> <td>300</td> <td>2011</td> <td>150</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1012</td> <td>200</td> <td>2012</td> <td>100</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1013</td> <td>200</td> <td>2013</td> <td>100</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1014</td> <td>300</td> <td>2014</td> <td>150</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>200</td> <td>2005</td> <td>100</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (1)</td> <td>(\$0</td> </tr> </tbody> </table>  |              |                 |          | Large Entity   | Small Entity | Fee Description | Fee Paid | 1011     | 300      | 2011            | 150      | Utility filing fee     |          | 1012 | 200 | 2012               | 100 | Design filing fee                   |     | 1013 | 200 | 2013              | 100 | Plant filing fee                                       |     | 1014 | 300 | 2014             | 150 | Reissue filing fee                                 |     | 1005 | 200   | 2005               | 100   | Provisional filing fee                                     |     | SUBTOTAL (1) |      |                         | (\$0 |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| Large Entity   | Small Entity | Fee Description | Fee Paid |  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1011   | 300          | 2011            | 150      | Utility filing fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1012   | 200          | 2012            | 100      | Design filing fee  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1013   | 200          | 2013            | 100      | Plant filing fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1014   | 300          | 2014            | 150      | Reissue filing fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1005   | 200          | 2005            | 100      | Provisional filing fee   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| SUBTOTAL (1)   |              |                 | (\$0     |  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Total Claims: 30 -30 ** = 0 X Fee from below = 0<br>Independent Claims: 6 -6 ** = 0 X Fee from below = 0<br>Multiple Dependent Claims: _____ = 0   |              |                 |          |  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td>(\$0</td> </tr> </tbody> </table> |              |                 |          | Large Entity   | Small Entity | Fee Description | Fee Paid | 1202     | 50       | 2202            | 25       | Claims in excess of 20 |          | 1201 | 200 | 2201               | 100 | Independent claims in excess of 3   |     | 1203 | 360 | 2203              | 180 | Multiple dependent claim, if not paid                  |     | 1204 | 200 | 2204             | 100 | ** Reissue independent claims over original patent |     | 1205 | 50    | 2205               | 25    | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) |      |                         | (\$0 |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| Large Entity   | Small Entity | Fee Description | Fee Paid |  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1202   | 50           | 2202            | 25       | Claims in excess of 20   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1201   | 200          | 2201            | 100      | Independent claims in excess of 3  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1203   | 360          | 2203            | 180      | Multiple dependent claim, if not paid  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1204   | 200          | 2204            | 100      | ** Reissue independent claims over original patent   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| 1205   | 50           | 2205            | 25       | ** Reissue claims in excess of 20 and over original patent   |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |
| SUBTOTAL (2)   |              |                 | (\$0     |  |              |                 |          |          |          |                 |          |                        |          |      |     |                    |     |                                     |     |      |     |                   |     |  |     |      |     |                  |     |  |     |      |       |                    |       |  |     |              |      |                         |      |  |     |      |        |                        |        |   |     |      |     |                       |    |  |     |      |     |                         |     |   |  |      |      |                   |     |  |      |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |                           |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |  |  |  |  |          |          |          |          |                 |          |      |     |      |     |                    |  |      |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |  |  |  |  |                   |  |   |  |  |  |              |              |                 |          |      |     |      |     |                    |  |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                        |  |              |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |              |              |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |              |  |  |      |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |                    |                                   | Complete (if applicable) |               |               |
|-------------------|--------------------|-----------------------------------|--------------------------|---------------|---------------|
| Name (Print/Type) | For Gary D. Yacura | Registration No. (Attorney/Agent) | 35,416                   | Telephone     | (703)668-8000 |
| Signature         | [Signature]        |                                   | Date                     | July 25, 2007 |               |

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